POSITION	INITIALS	ID NO.	DATE	
FEE DETERMINATION	125	66621	6/22	
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FORMALITY REVIEW		i	4/-//-	
RESPONSE FORMALITY REVIEW	0 h			
	AD	59222	8-15-00	

INDEX OF CLAIMS

~	Rejected	N	Non-elected
=	Allowed	- 1	Interference
_	(Through numeral) Canceled	Α	Appeal
÷	Restricted	0	Objected

Claim	Date	Claim	Date	Claim	Date
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32		82		132	
33		83		133	
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If more than 150 claims or 10 actions staple additional sheet here